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Date of Deposit

Joseph F. Hetz - Reg. No. 41,070

Name of Applicant, Assignee or
Registered Representative


Signature

Patent
Our Case No. 8338-18

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
)	
Peter Ackeret)	
)	Examiner: J. Smith
Serial No. 09/905,429)	
)	Group Art Unit No. 3723
Filing Date: July 13, 2001)	
)	
For Multipurpose Hand-Held Implement of)	
the Pocket Knife Type)	

COMMUNICATION REGARDING ALLOWED CLAIMS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In the Notice of Allowability mailed November 8, 2004, it was indicated that Claims 505-507 were among the allowed claims. Applicant respectfully submits that this should have indicated Claims 504-506 — not Claims 505-507 — as Claim 507 was cancelled, and Claim 504 was allowed. Accordingly, the allowed claims are Claims 327-355, 357, 361-363, 366, 447-467, 501, 504-506, 522, 524, 526, 530-823, and 825-827.

✓ If there are any questions concerning this Communication, please phone the undersigned attorney at (312) 321-4719.

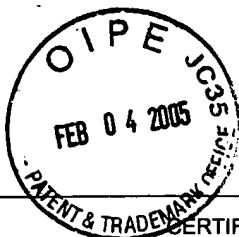
Dated: February 1, 2005

Respectfully submitted,



Joseph F. Hetz
Reg. No. 41,070
Attorney for Applicant

BRINKS HOFER
GILSON & LIONE
P.O. Box 10395
Chicago, Illinois 60610
(312) 321-4719



CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:
Date: February 1, 2005 Name: Joseph F. Hetz Signature: _____

**BRINKS
HOFER
GILSON
& LIONE**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: **Peter Ackeret**

Appln. No.: **09/905,429**

Filed: **July 13, 2001**

For: **Multipurpose Hand-Held Implement of the
Pocket Knife Type**

Attorney Docket No: **8338/18**

Examiner: **James G. Smith**

Art Unit: **3723**

Mail Stop Issue Fee
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

- ☒ Part B - Fee(s) Transmittal (1 page in duplicate); Communication Regarding Allowed Claims (2 pages).
☒ Return Receipt Postcard

Fee calculation:

- ☐ No additional fee is required.
☒ Small Entity.
☐ An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
☐ A petition or processing fee in an amount of \$_____ under 37 C.F.R. § 1.17(____).
☐ An additional filing fee has been calculated as shown below:

					Small Entity			Not a Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$25=			x \$50=	
Indep.		Minus			x 100=			x \$200=	
First Presentation of Multiple Dep. Claim					+\$180=			+\$360=	
					Total	\$		Total	\$

Fee payment:

- ☒ A check in the amount of \$50.00 is enclosed.
☐ Please charge Deposit Account No. 23-1925 in the amount of \$_____. A copy of this Transmittal is enclosed for this purpose.
☐ Payment by credit card in the amount of \$_____ (Form PTO-2038 is attached).
☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,

Date

2-1-05

Joseph F. Hetz (Reg. No. 41,070)